

GREENE COUNTY SCHOOLS
RELIGIOUS EXEMPTION FROM VACCINATION(S)

Child's Name: _____

Parent/Legal Guardian Name: _____

Address: _____

State: _____ Zip: _____ Phone: (____)_____

Pursuant to Tennessee Code Annotated §49-6-5001(b)(2), I am declining vaccination(s) for my child because the vaccination(s) conflict with my religious tenets and practices.

I declare under penalty of perjury that the foregoing is true and correct.

Parent/Legal Guardian Signature

Date